

Arkansas Department of Health & Human Services Division of Child Care and Childhood Education
Child and Adult Care Food Program Special Nutrition Programs
Reimbursement Claim

1. Name and Address:

SNP Agreement No. _____

Place an **X** on this line if
this is an adjusted claim.

2. Month and Year
of this Claim

Month Year

3. Number of Days Food
Service Provided

4. Average Daily Attendance

a. Child/Adult Centers

[Largest **single** meal service divided by number of days food
service provided. **Always** round up (↑) to the next whole
number.]

b. Outside School
Hours Centers

Total Number of
Meal Services Claimed

Child Care and
Adult Centers

Outside School
Hours Centers

5. Breakfast

6. Lunch

7. Snack Supplements

AM Snack

PM Snack

Late Snack

Total Snacks (AM+PM+Late) =

8. Supper

NOTE: All multi-site centers must include form CACC-5 (FP-1 for profit organizations only) or equivalent supporting data.

9. Total of Enrolled Children or Adult Participants for this month (Centers Only)

Note: (1) Total of all participants receiving at least one meal service.
(2) A current signed and dated Income Eligibility Form (SNP-10) must be on file
to claim participants in the "Free" or "Reduced" Category.

Free

Reduced

Paid

10. Number of Centers Operating
this month

11. Food Cost for this Month
(Itemized receipts must be on file.)

\$

I certify to the best of my knowledge and belief that this claim is true and correct in all aspects. Records are available to support this claim and that it is in accordance with the terms of any and all existing Agreements. I recognize that I will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting. I understand that this information is being given in connection with the receipt of Federal Funds. I fully understand that deliberate misrepresentation may subject me to prosecution under applicable State and Federal Statutes.

Please check all entries for accuracy and completeness before submission of this claim.

12. Original Signature of Authorized Representative

Title

Date

For SNP Office Use Only - Processed by:

Date: